

FORM 7A: TREATMENT UTILIZATION MATRIX

Dates of State expenditure period from 07/01/2005 to 06/30/2006

| UTILIZATION | | | | | |
|--------------------------------------|------------|---------------|-----------------------|-------------------------|----------------------------|
| STATE: Indiana | | | Cost per Person | | |
| Type Of Care | Admissions | Person Served | Mean Cost of Services | Median Cost of Services | Standard Deviation of Cost |
| Detoxification (24-Hrs. Care) | | | | | |
| 1. Hospital Inpatient | 6.00 | 6.00 | \$584.17 | \$695.00 | \$184.19 |
| 2. Free-Standing Residential | 47.00 | 47.00 | \$398.19 | \$334.00 | \$174.08 |
| Rehabilitation/Residential | | | | | |
| 3. Hospital Inpatient | 0.00 | | \$0.00 | \$0.00 | \$0.00 |
| 4. Short-Term (up to 30 days) | 20.00 | 20.00 | \$391.85 | \$285.00 | \$254.55 |
| 5. Long-Term (over 30 days) | 0.00 | | \$0.00 | \$0.00 | \$0.00 |
| Ambulatory (Outpatient) | | | | | |
| 6. Outpatient | 295.00 | 295.00 | \$248.52 | \$165.00 | \$241.81 |
| 7. Intensive Outpatient | 40.00 | 40.00 | \$487.13 | \$495.00 | \$249.04 |
| 8. Detoxification | 0.00 | | \$0.00 | \$0.00 | \$0.00 |
| 9. Methadone | 0.00 | | \$0.00 | \$0.00 | \$0.00 |